

ECS Configuration Change Request

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CCR No. 96-0675	Logged Date 6/20/96	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release		Change Class
Title Access to GSFC DACC AML equipment			
Documents Affected N./A		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference N/A	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem Dr. Ted Johnson of the University of Florida has won an ECS grant called "Analytical Performance of Robotic Storage Libraries". Dr. Johnson requires access to an EMASS AML and associated server and other types of systems if available in order get test values to include mount time for media, rewind time, transfer time, etc. in an ECS environment. Access to a C compiler and about 10MB disk space is also required. He needs approximately 1 week on site to do the work during the week of July 8, 1996 if possible.			
Proposed Solution Request to use the GSFC EMASS AML system and associated SGI server in Building 32 to accomplish this task and that a routine operator account on the SGI be generated for this service. Byron Peters will coordinate this activity with Release A and EDF.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input checked="" type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input type="checkbox"/> Other July 8 - July 12, 1996 Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Byron V. Peters</u> _____ Signature _____ Date _____			
Office <u>MRS</u> Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			